



# GULF COAST HIGH INTENSITY DRUG TRAFFICKING AREA

## TRAINING ALERT

### HIGHWAY VEHICLE STOPS AND THE DRUG TRAFFICKER

**WHEN :** September 27, 28, 29, 2005  
Class Time 8:00 a.m. - 5:00 p.m.

**WHERE :** Civic Center (Lafitte Room)  
900 Lake Shore Drive  
Lake Charles, La.

**COSPONSOR :** GULF COAST HIDTA, LECC WDLA, Calcasieu Parish Sheriff' Office,  
Lake Charles Police Department

**DESCRIPTION :** This course will provide instruction to law enforcement officers on highway traffic stops of suspected drug couriers and users. It is the goal of this course to provide these techniques to lead to the safe discovery of illegal contraband and ultimately, a successful prosecution. This course will include practical exercises for interviewing techniques and vehicle searches on cars, small trucks and commercial tractor trailers.

#### OVERVIEW OF TOPICS

- The Traffic Stop
- Roadside Interviews
- Vehicle Searches/Hidden Compartments  
(Including use of K-9)
- Evidence Handling
- Commercial Vehicle Smuggling

**INSTRUCTORS :** Multijurisdictional Counterdrug Task Force Training

**ENROLLMENT :** There is no enrollment or registration fee for this course.

**ATTENDANCE:** Open to Federal, State, and Local Law Enforcement Personnel, Criminal Intelligence Analysts, Investigators, investigator Assistants, Counter drug Operation Supervisors at levels and military personnel – both active and reserve.

**CONTACT :** Please e-mail the attached enrollment form to [owensw@gchidta.org](mailto:owensw@gchidta.org) or fax the attached enrollment form to 601-965-5877 or contact Gaylon Owens at 601-933-9431.



**GC HIDTA TRAINING UNIT USE  
ONLY**

Your request has been:

☐

Approved

☐

Denied (class is full)

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Denied (agency cap met)

**GULFCOAST**  
HIGH INTENSITY DRUG TRAFFICKING AREA  
*Highway vehicle Stops and the Drug Trafficker*

Civic Center (Lafitte Room)  
900 Lake Shore Drive  
Lake Charles, La.

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<b>STUDENT INFORMATION:</b>					
Title (Mr. Ms. Mrs.)			Rank (or Job Title)		
First Name		Middle Initial		Last Name	
Date of Birth-MM/DD/YYYY	Last 4 digits of Social Security Number		HIDTA Initiative Member		Arrest Powers
			Yes	No	Yes    No
Email Address					
<b>JOB MAILING ADDRESS (Please spell out):</b>			<b>CONTACT NUMBERS:</b>		
Agency Name: _____			Voice Phone: _____		
Address: _____			( ) _____ -- ext _____		
City: _____ ST: _____ ZIP: _____			Fax Phone: _____		
			( ) _____ -- ext _____		
			Other Phone: ( ) _____ -- _____		
<b>HIDTA NAME:</b>					
<b>INITIATIVE NAME :</b>					
<b>PARENT AGENCY NAME:</b> (What agency signs your check? Please spell out)		(Ex: Federal Bureau of Investigation, Miami Beach Police Department, etc.)			
<b>YOUR PARENT AGENCY IS:</b>		<b>Federal</b>	<b>State</b>	<b>Local</b>	<b>Military</b> <b>Other</b>

**APPROVAL**

<b>APPROVED BY (Please print clearly):</b>		<b>SUPERVISOR'S SIGNATURE:</b>	
First Name	Last Name		
<b>SUPERVISOR'S MAILING ADDRESS:</b>		<b>CONTACT NUMBERS:</b>	
Agency Name: _____		Voice Phone: _____	
Address: _____		( ) _____ -- ext _____	
City: _____ ST: _____ ZIP: _____		Fax Phone: _____	
		( ) _____ -- ext _____	
		Other Phone: ( ) _____ -- _____	

**This form will be faxed back to you as confirmation of your enrollment.**

